

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 096

Primary Registration District No. _____

Registrar's No. 31

31 - 63 - 015477

1. PLACE OF DEATH

a. COUNTY

Dallas

b. CITY (If outside corporate limits, give TOWNSHIP only)

N. Benton Twp.

Length of stay in 1b

10 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

RFD 2 Buffalo

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Dallas

c. CITY

Buffalo

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

RFD

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

URBAN

C.

Mearns

4. DATE OF DEATH

Month

Day

Year

April 1, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☐ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Aug. 21, 1886

9. AGE (last birthday)

76

IF UNDER 1 YEAR **IF UNDER 24 HR**

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Moberly, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John L. Mears

13b. MOTHER'S MAIDEN NAME

Serena Burks

14. NAME OF HUSBAND OR WIFE

Virginia, Mears

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

Virginia Mears Buffalo, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c):
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhage of the middle meningeal artery

INTERVAL BETWEEN ONSET AND DEATH

72 hrs.

DUE TO (b)

Hypertension

?

DUE TO (c)

Arterio sclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 25, 1963 April 1, 1963 and last saw him alive on April 1, 1963
Death occurred at 10:40 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or print name)

22b. ADDRESS

Buffalo, Missouri

22c. DATE SIGNED

4/3/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Apr. 3, 1963

23c. NAME OF CEMETERY OR CREMATORY

Lindley Cemetery

23d. LOCATION (City, town, or county)

Dallas County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Montgomery Funeral Home

Buffalo, Missouri

25. DATE RECD. BY LOCAL REG.

5/8/63

26. REGISTRAR'S SIGNATURE

Mrs Vera Petree

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

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MAY - 8 1968

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2-58

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon H. Viets
Vernon H. Viets

Licensed Embalmer No. 5083

P. O. Address Buffalo, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.